2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# 712450

Entity Name: CENTRAL FLORIDA KENNEL CLUB, INC.

Current Principal Place of Business:

401 CARDINAL OAKS COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

401 CARDINAL OAKS COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-1150593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERS, DIANE J.
401 CARDINAL OAKS COURT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BAKER, PAM
Address: 1561 GUINEVERE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete
Name: ALBERS, DIANE J.,
Address: 401 CARDINAL OAKS CT
City-St-Zip: LAKE MARY, FL

Title: D ( ) Delete
Name: STUMPFF, MARYLOU
Address: 870 CHEYENNE DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete
Name: RUPERT, APRIL D
Address: 207 SATAUMA DR
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: ROWELL, LINDA G.,
Address: 2147 ROCK SPRINGS RD
City-St-Zip: DUBLIN, GA

Title: SD ( ) Delete
Name: GILCHREST, KATHY
Address: 426 SELMA AVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GILCHREST, KATHY
Address: 1426 SELMA AVENUE
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COLLINGSWORTH, BARBARA
Address: 115 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE J. ALBERS P 02/25/2007
Electronic Signature of Signing Officer or Director — Date